



United States
Environmental Protection Agency
Washington, DC 20460
Formulator's Exemption Statement
(40 CFR 152.85)

Applicant's Name and Address Summit Agro North America Holding Corporation 600 Third Avenue New York, NY 10016-2001	EPA File Symbol/Registration Number 82534-
	Product Name Glufosinate 280 SL
	Date of Confidential Statement of Formula (EPA Form 8570-4) 08/16/2012

As an authorized representative of the applicant for registration of the product identified above, I certify that:

(1) This product contains the following active ingredient(s):

Glufosinate-ammonium

(2) Of these, each active ingredient listed in paragraph (4) is present solely as the result of the use of that active ingredient in the manufacturing, formulation or repackaging another product which contains that active ingredient which is registered under FIFRA Section 3, is purchased by us from another person and meets the requirements of 40 CFR section 158.50(e)(2) or (3).

(3) Indicate by checking (A) or (B) below which paragraph applies:

☒ (A) An accurate Confidential Statement of Formula (EPA FORM 8570-4) for the above identified product is attached to this statement. That formula statement indicates, by company name, registration number, and product name, the source of the active ingredient(s) listed in paragraph (1).

OR

☐ (B) The Confidential Statement of Formula (CSF)(EPA Form 8570-4) referenced above and on file with the EPA is complete, current, an accurate and contains the information required on the current CSF.

(4) The following active ingredients in this product qualify for the formulator's exemption.

Source

Active Ingredient	Product Name	Registration Number
Glufosinate-ammonium	[REDACTED]	[REDACTED]
Signature 	Name and Title Ross Gilbert / Agent	Date 08/16/2012

Please read instructions on reverse before completing form.

Form Approved. MB No. 2070-0060. Approval expires 2-28-95



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☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 82534-	2. EPA Product Manager K. Montague	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Summit Agro North America Holding Corporation / Glufosinate 280 SL	PM# 23	
5. Name and Address of Applicant (Include ZIP Code) Summit Agro North America Holding Corporation c/o Pyxis Regulatory Consulting, Inc. 4110 136th St. NW Gig Harbor, WA 98332 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. [REDACTED] Product Name [REDACTED]	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of a new application for registration. This application falls under Category R300 (44: New product) because it is an application for registration for a 100% repackaging of a registered end-use product that requires no data submission nor data matrix. The fee, which has been paid, is \$1,434 and the decision time line is 3 months.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	ISO tanks
				<input type="checkbox"/> Paper	
				<input checked="" type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2.5 gallon, bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Ross Gilbert	Title Agent	Telephone No. (Include Area Code) (253) 853-7569
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Agent	
4. Typed Name Ross Gilbert	5. Date 8/16/2012	